ADDI-

TIONAL

FEE

RATE

X\$18=

X78=

+260=

ADDIT. FEE



SMALL ENTITY

FEE

345.00

TYPE ___

RATE

X\$ 9=

X39=

+130=

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application	yor Docket Number
09/	538954

OR

OR

OR

OR

OTHER THAN

SMALL ENTITY

FEE

690.00

RATE

X\$18=

X78=

+260=

CLAIMS AS FILED - PART I								
	(C	olumn 1)	(Column 2)					
FOR	NUMBE	R FILED	NUMBER EXTRA					
BASIC FEE	- A	/						
TOTAL CLAIMS	45	minus 20=	. 25					
INDEPENDENT CLAIMS	5	minus 3 =	*					
MULTIPLE DEPENDENT	CLAIM PF	RESENT						

^{*} If the difference in column 1 is less than zero, enter "0" in column 2

CI	DIME	AC	AMENIC	iED - E	II TOAC

-		(Co	lumn 1)		(Col	<u>umn 2)</u>	(Co	<u>lumn 3)</u>
MENT A		REI	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		1	ESENT XTRA
AMENDM	Total	. 4	43	Minus	**	45	=	
	Independent	*	4	Minus	***	_3	=	1
۹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

L		(Column 1)	•	(Column 2)	(Column 3)
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT	Total	*	Minus	**	=
ME	Independent		Minus	***	=
٨	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT CLAIM	-

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	i i	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
MON	Total	•	Minus	**	=
ME	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL		OR	TOTAL	1,140
SMALL	ENTITY	OR	OTHER SMALL I	THAN
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X D	ST
+130=		OR	+260=	
TOTAL		OR	TOTAL	WZ.

OR

OR

OR

OR

ADDI-

TIONAL

FEE

RATE

X\$ 9=

X39=

+130 =

ADDIT. FEE

TOTAL

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9= ·	· -	OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: D9 538 954

Total Fee Calculation

	Fee Cade	रिवधी ≉ (विव्रत्यः	Number Econ X	Fee	Fee -	Total
	Sa./Lg.			Sm. Endig	Lg. Entity	
Busic Filing Fee	201/101	,06	66			690
Tatal Claim: >20	201/101	20 - 20 -	25 x			450
Independent Claims >1	201/101	2 .;-	х	·		
Mult. Dep Claim Present	204/104					
Surcharge	205/105	•				<u> 13</u> C
English Translation	130					
TOTAL FEE CALCULA						
Fees due upon filing th	te application.					
Total Filing Fees Due	= S	121	70			
Less Filing Fees Subm	ined - \$	P				
BALANCE DUE	= S	1276)	•		
Office of Initial Patent	Extrination					
	1/ 2.2					

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)